2000 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2000 8:00 am DOCUMENT # P98000034279 1. Entity Name Secretary of State PANAMTEL NETWORK, INC. 02-04-2000 90019 024 ***150.00 Principal Place of Business Mailing Address 855 S FEDERAL HWY 855 S FEDERAL HWY SUITE 211 SUITE 211 **BOCA RATON FL 33432** BOCA RATON FL 33432-6133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0828245 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CEOP ☐ Change Addition ☐ Delete TITLE TITLE IRONS, M. SCOTT NAME NAME 855 S FEDERAL HWY, STE 209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33432** ☐ Change ☐ Addition Delete TITLE IRONS, M. SCOTT, NAME NAME 855 S FEDERAL HWY, STE 209 STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** VSTD ☐ Change ☐ Addition TITLE ☐ Delete TITLE IVESDAL, TRYGVE A NAME NAME 855 S FEDERAL HWY, STE 209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE RAMIREZ. ANGEL E NAME NAME 855 S FEDERAL HWY, STE 209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an agrees with all other like empowered.

M. SCOTT

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

FILED